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Bib Data Sheet

CONFIRMATION NO. 3823

<b>SERIAL NUMBER</b> 10/509,975	<b>FILING OR 371(c) DATE</b> 03/30/2005 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 2543-1-036PCT/US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/GB03/01443 04/02/2003

mcl 2/28/07

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0207533.1 04/02/2002

mcl 2/28/07

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/26/2005

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GBN	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

23565

## TITLE

SC6 For Diagnosis of Hypoxia Related Conditions

<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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